

# **PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

**FY 2009**

*(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*

Docket Number

Q95836

Confirmation Number

2917

Application Number 10/586,858

Filing Date October 27, 2006

For PRESSURE SENSITIVE ADHESIVE COMPOSITION

Art Unit 1796

Examiner Name Robert S. LOEWE

**This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.**

**The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):**

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00	_____
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00	_____
<input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00	<u>\$1,110.00</u>
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00	_____
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00	_____
<input type="checkbox"/> Previous Payment Amount	Date Submitted	_____	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b> , or credit any overpayment, to Deposit Account Number 19-4880.			

I am the

☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.

☐ Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 61,446

☐ attorney or agent under 37 CFR 1.34.

☐ Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

WASHINGTON OFFICE

**23373**

CUSTOMER NUMBER

/ Travis B. Ribar /

Signature

June 8, 2011

Date

Travis B. Ribar

Typed or printed name

(202) 293-7060

Telephone Number

**Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.**

☒ Total of 1 form is submitted.